

AMENDED IN ASSEMBLY APRIL 26, 2004

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 2681

Introduced by Assembly Member Negrete McLeod

February 20, 2004

~~An act to amend Section 2725 of the Business and Professions Code, relating to nursing. An act to add Section 3522 to the Government Code, relating to state employees.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 2681, as amended, Negrete McLeod. ~~Nursing~~ *Ralph C. Dills Act: travel expenses.*

~~Existing law, the Nursing Practice Act, regulates the practice of nursing by the Board of Registered Nursing in the Department of Consumer Affairs.~~

~~This bill would make a nonsubstantive change to these provisions.~~

The Ralph C. Dills Act provides for negotiations concerning wages, hours, and other terms and conditions of employment between a state employer and representatives of recognized employee organizations, and authorizes the execution of memoranda of understanding based on these negotiations. The act provides that, with respect to state employees in specified state bargaining units, in any case where specified provisions of law are in conflict with the provisions of a memorandum of understanding, the memorandum of understanding shall be controlling without further legislative action, except as specified.

Existing law requires, with specified exceptions, prior approval of the Governor and the Director of Finance for travel outside the state by state officers and employees in conducting their work.

This bill would authorize physicians in any state bargaining unit to negotiate under the Ralph C. Dills Act for preauthorized travel outside the state for continuing medical education. It would specify that, in any case where the provisions of law requiring prior approval for travel outside the state are in conflict with the provisions of a memorandum of understanding, the memorandum of understanding shall be controlling without further legislative action, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~—yes. State-mandated local program: no.

The people of the State of California do enact as follows:

~~SECTION 1. Section 2725 of the Business and Professions~~

SECTION 1. *The Legislature finds and declares all of the following:*

(a) *Physicians employed by the state often seek to attend specialty conferences held outside the state in order to comply with the continuing medical education requirement imposed by the state.*

(b) *Under existing law, state physicians are required to receive prior approval before attending many out-of-state continuing medical education classes, but often have not received the approval in time to attend the classes.*

(c) *Therefore, it is the intent of the Legislature to assist state physicians to become more proficient in their field by enhancing access to out-of-state training.*

SEC. 2. *Section 3522 is added to the Government Code, to read:*

3522. (a) *Notwithstanding any other provision of law, physicians in any state bargaining unit may negotiate under this chapter for preauthorized travel outside the state for continuing medical education.*

(b) *In any case where the provisions of Section 11032 or 11033 are in conflict with the provisions of a memorandum of understanding entered into pursuant to subdivision (a), the memorandum of understanding shall be controlling without further legislative action, except that if the provisions of a*

1 memorandum of understanding require the expenditure of funds,
2 the provisions shall not become effective unless approved by the
3 Legislature in the annual Budget Act.

4 Code is amended to read:

5 2725. (a) In amending this section at the 1973-74 session, the
6 Legislature recognizes that registered nursing is a dynamic field,
7 the practice of which is continually evolving to include more
8 sophisticated patient care activities. It is the intent of the
9 Legislature in amending this section at the 1973-74 session to
10 provide clear legal authority for functions and procedures that
11 have common acceptance and usage. It is the legislative intent also
12 to recognize the existence of overlapping functions between
13 physicians and registered nurses and to permit additional sharing
14 of functions within organized health care systems that provide for
15 collaboration between physicians and registered nurses. These
16 organized health care systems include, but are not limited to,
17 health facilities licensed pursuant to Chapter 2 (commencing with
18 Section 1250) of Division 2 of the Health and Safety Code, clinics,
19 home health agencies, physicians' offices, and public or
20 community health services.

21 (b) The practice of nursing within the meaning of this chapter
22 means those functions, including basic health care, that help
23 people cope with difficulties in daily living that are associated with
24 their actual or potential health or illness problems or the treatment
25 thereof, and that require a substantial amount of scientific
26 knowledge or technical skill, including all of the following:

27 (1) Direct and indirect patient care services that ensure the
28 safety, comfort, personal hygiene, and protection of patients; and
29 the performance of disease prevention and restorative measures.

30 (2) Direct and indirect patient care services, including, but not
31 limited to, the administration of medications and therapeutic
32 agents, necessary to implement a treatment, disease prevention, or
33 rehabilitative regimen ordered by and within the scope of licensure
34 of a physician, dentist, podiatrist, or clinical psychologist, as
35 defined by Section 1316.5 of the Health and Safety Code.

36 (3) The performance of skin tests, immunization techniques,
37 and the withdrawal of human blood from veins and arteries.

38 (4) Observation of signs and symptoms of illness, reactions to
39 treatment, general behavior, or general physical condition, and (A)
40 determination of whether the signs, symptoms, reactions,

1 behavior, or general appearance exhibit abnormal characteristics,
2 and (B) implementation, based on observed abnormalities, of
3 appropriate reporting, or referral, or standardized procedures, or
4 changes in treatment regimen in accordance with standardized
5 procedures, or the initiation of emergency procedures.

6 (c) “Standardized procedures,” as used in this section, means
7 either of the following:

8 (1) Policies and protocols developed by a health facility
9 licensed pursuant to Chapter 2 (commencing with Section 1250)
10 of Division 2 of the Health and Safety Code through collaboration
11 among administrators and health professionals including
12 physicians and nurses.

13 (2) Policies and protocols developed through collaboration
14 among administrators and health professionals, including
15 physicians and nurses, by an organized health care system which
16 is not a health facility licensed pursuant to Chapter 2 (commencing
17 with Section 1250) of Division 2 of the Health and Safety Code.

18 The policies and protocols shall be subject to any guidelines for
19 standardized procedures that the Division of Licensing of the
20 Medical Board of California and the Board of Registered Nursing
21 may jointly promulgate. If promulgated, the guidelines shall be
22 administered by the Board of Registered Nursing.

23 (d) Nothing in this section shall be construed to require
24 approval of standardized procedures by the Division of Licensing
25 of the Medical Board of California, or by the Board of Registered
26 Nursing.

27 (e) No state agency other than the board may define or interpret
28 the practice of nursing for those licensed pursuant to the provisions
29 of this chapter, or develop standardized procedures or protocols
30 pursuant to this chapter, unless so authorized by this chapter, or
31 specifically required under state or federal statute. “State agency”
32 includes every state office, officer, department, division, bureau,
33 board, authority, and commission.